S. No. 2
M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30346
State File No.

Registration District No. 34 | Primary Registration District No. 3006 | Registrar's No. 234

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 406 Hickman Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town Columbia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Hickman Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Richardson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 24 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70 69	9	13	hr. min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labor
11. Industry or business

MOTHER / FATHER
12. Name Benn Richardson
13. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Laura Key
15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Cordelia Cross
(b) Address R. F. D. 1. Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 9 47 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Bridge Cem.
18. (a) Signature of funeral director A. B. Furgeson
(b) Address 608 Park Ave Columbia Mo
19. (a) 9-9-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 47 hour 5 P.M. minute M.
21. I hereby certify that I attended the deceased from Dec 1 1946 to Sept 7 1947;
that I last saw h[illegible] alive on July 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	3 yrs
Due to Hypertrophy prostate + hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury
23. Signature [illegible] (M. D. or other)
Address Columbia Mo Date signed 9-8-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District No. [illegible]
Date Filed 9-19-42
OCT 20 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ms

....., Registered Apprentice No.....

working under my personal supervision.

Signed A C Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.